

**Oracle Road Pet Clinic**  
**Client & Patient Registration Form**

600 W Las Lomas Rd, Tucson, AZ 85704. Phone: (520)469-PETS (7387) [www.oracleroadpetclinic.com](http://www.oracleroadpetclinic.com)

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**Client Information:**

**Today's Date:** \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Additional Contact 1:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Authorized to treat pet? Yes \_\_\_ No \_\_\_

**Additional Contact 2:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Authorized to treat pet? Yes \_\_\_ No \_\_\_

**How did you hear about us?** Clinic sign: \_\_\_ Website: \_\_\_ Google: \_\_\_ Facebook: \_\_\_  
Instagram: \_\_\_ Referral? If so who? \_\_\_\_\_ Other: \_\_\_\_\_

**Payment Disclaimer:** Payment is expected at time of visit. We do not do any form of payment plans. We accept all major credit cards, cash, and checks.

Are there any new pets at home?  No  Yes, if yes:

**Pet 1:** Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Species (cats, dogs, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Spayed/Neutered? Yes \_\_\_ No \_\_\_ Allergies: Yes \_\_\_ No \_\_\_  
Vaccine or medication Reaction? Yes \_\_\_ No \_\_\_ If yes, what? \_\_\_\_\_

**Pet 2:** Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Species (cats, dogs, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Spayed/Neutered? Yes \_\_\_ No \_\_\_ Allergies: Yes \_\_\_ No \_\_\_  
Vaccine or medication Reaction? Yes \_\_\_ No \_\_\_ If yes, what? \_\_\_\_\_

**Pet 3:** Name: \_\_\_\_\_ Age: \_\_\_\_\_ Species (cats, dogs, etc.): \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Spayed/Neutered? Yes \_\_\_ No \_\_\_ Allergies: Yes \_\_\_ No \_\_\_  
Vaccine or medication Reaction? Yes \_\_\_ No \_\_\_ If yes, what? \_\_\_\_\_

**Pet 4:** Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Species (cats, dogs, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Spayed/Neutered? Yes \_\_\_ No \_\_\_ Allergies: Yes \_\_\_ No \_\_\_  
Vaccine or medication Reaction? Yes \_\_\_ No \_\_\_ If yes, what? \_\_\_\_\_

**Social Media Release:** We use Facebook, Instagram, and have a website that we would love to feature your furry friends on! If you would like them to be a part of our social media please read below.

I hereby give Oracle Road Pet Clinic permission to take photographs and videos of my pet(s) for the purpose of posting on Oracle Road Pet Clinics website and social media sites. I hereby release and discharge Oracle Road Pet Clinic from any and all claims arising out of use of the photos and/or videos. In signing this consent I give permission to use my name and my pet's name as printed above:

\_\_\_\_\_  
Signature of Owner/Agent

Please do not take any photos or videos of my pet(s) at Oracle Road Pet Clinic as I do not wish to have their information shared on social media site.

\_\_\_\_\_  
Signature of Owner/Agent